



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR
DIVISION OF OCCUPATIONAL SAFETY
www.mass.gov/dos

Application for Waiver of Minimum Wage for Student Trainees Employed by a Hospital or Laboratory. 455 C.M.R. 2.05(1)(a)

Pursuant to 455 C.M.R. 2.05(1)(a), the Division of Occupational Safety may issue to any hospital or laboratory a license permitting payment of not less than 80% of the basic minimum wage rate (\$7.50 per hour¹ x 80% = \$6.00 hour) to students whose employment for wages is part of a formal training program.²

To apply for this annual waiver, the employer must submit this completed application form, along with a fee of one hundred dollars (\$100). The fee must be submitted in the form of a money order or check, payable to the Commonwealth of Massachusetts, in the amount of the entire annual fee. This fee is not refundable in the event that this application is denied.

Please submit the completed application form and application fee to:

Division of Occupational Safety
Minimum Wage Program
19 Staniford Street, 2nd Floor
Boston, MA 02114

Your application form and fee should be submitted at least 30 days prior to the requested date of applicability.

If you have any questions regarding this application, please contact
Lisa Price at 617-626-6952 or send email to Lisa.Price@state.ma.us

¹Effective January 1, 2007. The Minimum Wage will increase to \$8.00 per hour, effective January 1, 2008.

²A waiver is not necessary for "work by persons being rehabilitated or trained under rehabilitation or training programs in charitable, educational, or religious institutions." See M.G.L. c. 151, §2.



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Division of Occupational Safety
19 Staniford Street, 2nd Floor
Boston, MA 02114
617-626-6952
Fax: 617-626-6944
DOS Homepage: www.mass.gov/dos

Application for Waiver of
**Minimum Wage for Student
Trainees Employed by a,
Hospital or Laboratory**
455 C.M.R. 2.05(1)(a)

Please provide the following information:

1. Name of hospital or laboratory:

2. Nature of business:

3. Telephone number:

4. Business address:

5. Name of contact person and title:

6. Provide the number of employees paid at sub-minimum wage:

7. Provide the proposed hourly wage to be paid to student employee(s):

List all deductions from wages (items and amounts), other than those required by law:

8. Is the student's employment for wages part of a formal training program? Yes / No

9. Provide a description of the formal training program (attach additional sheets if necessary):

10. Provide the length of formal training program:

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11. List the duties to be performed by student employee(s): _____

12. a. Is this the institution/organization's first application? Yes / No

b. If this is not the first application, when was the last application made? _____

c. If a previous application was approved, when was the waiver in effect? _____

Please note: If waiver application is approved, The Division of Occupational Safety may attach conditions to the granting of the waiver if deemed necessary.

Signature of Applicant: _____

Name of Applicant: _____

Title: _____

Date: _____

Office Use Only

CMS # _____

Check # _____

Date Received _____

New Application / Renewal

Expiration Date _____

Granted / Denied Date _____